ADHS/DBHS Guidelines to RBHAs and Providers: Documentation Requirements for Services Provided to Non-Title XIX Members with Serious Mental Illness

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) established a medication-only benefit for non-TXIX members with Serious Mental Illness (SMI). Under the medication only benefit, assessment and coordination of care will be performed primarily by nursing staff and Behavioral Health Medical Practitioners (BHMPs).

These guidelines provide the minimum documentation requirements and satisfy the Office of Behavioral Health Licensing (OBHL) rules (A.A.C. R9-20-209).

Provider practice and documentation should also be in compliance with the ADHS/DBHS and RBHA editions of Provider Manual Section 3.15, *Psychotropic Medication: Prescribing and Monitoring* and Provider Manual Section 4.2, *Behavioral Health Medical Record Standards*.

Initial Psychiatric Evaluation and Annual Updates must include:

A. Time and Date of the Assessment
B. Vital Signs and other parameters noted in PM Section 3.15, *Psychotropic Medication: Prescribing and Monitoring*
C. Chief Complaint
D. A History of Present Illness, including review of major psychiatric symptoms (i.e., Mood, Depression, Anxiety, Psychosis, Suicide ideation, Homicidal ideation, and behavioral symptoms) and frequency/duration of symptomatology
E. Past Psychiatric History, including history of previous psychiatric hospitalization(s)
F. Past Medical History
G. Medications/Allergies
H. Brief Family/Social and Educational History
I. Substance Abuse History, including type of substance, duration, frequency, longest period of sobriety and previous treatment history
J. Legal History, including guardianship status, pending litigation, COE/COT history, criminal justice history, previous history of NGRI/GEI and any history of sex offender adjudication
K. Labs/Diagnostic Tests, if available
L. Mental Status Examination should reference the existence/absence of dangerousness to self/others
M. Psychiatric Formulation
N. Axial Diagnoses I-V
O. Treatment Plan, including a listing of the identified clinical problem(s) and the agreed upon interventions
P. BHMP signature and credentials

Psychiatric Progress Notes must include:

A. Time and Date of appointment
B. Vital Signs and other parameters noted in PM Section 3.15, *Psychotropic Medication: Prescribing and Monitoring*
C. Subjective report of progress and symptoms by the member, including response to medications and any identified side effects
D. Laboratory test results, if any
E. Other objective findings, including physical findings, ascertained by BHMP
F. Mental Status Examination should reference the existence/absence of dangerousness to self/others
G. Psychiatric Formulation
H. Axial Diagnoses I-V; note whether the diagnoses have changed or remain unchanged
I. Treatment Plan, including a summary of progress related to the identified clinical problem(s) from the Initial or Updated Assessment, and identification of any new treatment plan goals. The BHMP should indicate when a clinical problem has been resolved.
J. BHMP signature and credentials

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